LETTERS TO EDITOR

CAPILLARY HEMANGIOMATOUS POLYP IN ANTERIOR URETHRA

Sir,

Urethral hemangioma is an unusual entity. Its exact incidence is not known; however, in a Russian study of 107 benign tumors of the male urethra, polyps constituted 22.4% and angioma, 10.4%. We report an unusual case of capillary hemangiomaticus polyp in the anterior urethra.

A 60-year-old man presented with dysuria and obstructive urinary symptoms of 2 months’ duration. On examination, he had a polypoid lesion protruding from the urethral meatus [Figure 1]. Urine microscopy showed hematuria and leukocyturia. All other laboratory parameters were within normal limits. Urethroscopy revealed a 32-mm solitary pedunculate lesion arising from the ventral aspect of the glanular urethra. Rest of the urethra and the bladder was normal.

The lesion was excised after applying tourniquet to the proximal penis. Histology showed pure capillary hemangioma [Figure 2].

Urethral hemangioma is a benign disease, believed to be of congenital origin, arising from the embryonic rest of unipotent angioblastic cells that fail to develop into normal blood vessels. Mean age of presentation is 22 years (range 3–68 years). Young age at presentation is expected; however, it is reported even at the range 3–68 years. Young age at presentation and urinary retention are also noted, depending on the site and number of lesions. Urethral bleeding is common when hemangioma occurs in the distal urethra, while hematuria is common in the membranous or proximal urethra. Our patient presented with voiding symptoms. Urethral hemangioma can be localized in a small or extensive area and can occur as single or multiple lesions. Unlike in our patient, cavernous hemangioma is the commonest variety in the distal urethra. The extent of lesion is much more than what is seen, and this should be borne in mind while managing these cases.

Fibro-epithelial polyps, foreign body granulomas and urethral warts should be considered in the differential diagnosis. Urethroscopy is the best diagnostic procedure. It helps in finding the extent of the lesion and planning the treatment strategy. Asymptomatic small lesions can be observed as the lesion can regress. Symptomatic and large lesions require complete excision, along with fulguration of the base either by diathermy or laser. Sometimes, it requires urethral reconstruction to avoid recurrence and stricture formation. To our knowledge, this is the largest pedunculate pure capillary hemangioma reported till date. Even though it is a benign lesion, because of its high incidence of recurrence regular follow-up is essential.

REFERENCES


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